109000008342

•	
((Requestor's Name)
((Address)
((Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
L.	SELLERS
	JAN 2 7 2009

Office Use Only

EXAMINER



300141439593

01/26/09--01036--012 **125.00

1- IL (= I)
09 JAN 26 AM 8: 50

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE INITY VIDEOS LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JORGE T. CRUZ (Name of Person)
INFINITY VIDEOS LLC (Firm/Company)
(Firm/Company)
10106 NW 33°PD PLACE (Address)
Sawrise FL 33351
(City/State and Zip Code)
For further information concerning this matter, please call:
Jorde I. Cauz at 954 579-4856 (Name of Person) (Area Code & Daytime Telephone Number)
Name of Person) at (954) 579-4856 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. \$\ \text{Certified Copy} (additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
INFINITY VIDEOS LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
10106 NW 33PD PLACE	
Sunpuse FL 33751	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
JORGE I. Cour	
Name	
10106 NW 33PD PLACE	
Florida street address (P.O. Box NOT acceptable)	
SUNPUSE FL 33357	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	
Registered Agent's Signature (REQUIRED)	
Registed Agent's Signature (REGORDED)	1
26 Z	***

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	JORGE I. CAUZ
	10106 NW 33PD PLACE SUNPLE FL 33357
Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2